

Close Relative Disclosure Form

Please Return Only if Applicable

INSTRUCTIONS: Complete this form if you have a close relative who works at Humboldt State University or Sponsored Programs Foundation. Such "related persons" include: husband, wife, mother, father, daughter, son, sister, brother, step-relatives or in-laws in the same relationships, or any person residing in the employee's household. However, the employment of such persons is not prohibited and may be approved by HSU SPF management or the Board Directors. Approval may be granted if the benefits to the project outweigh any potential risk, at the sole discretion of HSU SPF.

POLICY: The general policy of HSU SPF is to avoid the employment of related persons in positions where they would have a supervisory relationship with each other, where they would have the same immediate supervisor, or where the nature of their working relationship would be such that their employment might hamper the effective discharge of review responsibilities.

PROCEDURE: In order to enforce the above policy, all applicants for appointment shall be required to answer the following question on SPF's Appointment Document:

Do you have any close relatives who are currently employees of Humboldt State University or Sponsored Programs Foundation? Yes

Individuals who respond "Yes" to the above question shall complete this Close Relative Disclosure Form. The completed form will be reviewed by SPF management and Human Resources to determine whether appointment of the applicant to the requested vacancy would violate the above policy.

Name of Close Relative: _____ Relationship To You: _____

Relative's Department or Project Name: _____

Name of Close Relative: _____ Relationship To You: _____

Relative's Department or Project Name: _____

Please identify the employee's supervisor: this should be the authorized official who will be signing the employee's timesheets and hiring paperwork. Please note - if this designated person **changes**, you must notify SPF immediately of the new reporting/approval structure.

Name of Employee's Supervisor: _____

By signing below, I certify that the information contained in this disclosure form is true and correct to the best of my knowledge. I have read the above and understand SPF's Policy regarding the employment of related persons. If any changes in reporting/approval structure for this particular situation are modified, I understand I must notify SPF immediately of those changes.

Employee Signature _____ Print Name _____ Date _____

Supervisor's Signature _____ Print Name _____ Date _____

Principal Investigator's Signature _____ Print Name _____ Date _____

SPF Review/Approval _____